

VETERAN CULTURAL COMPETENCY

FOR BEHAVIORAL HEALTH PROVIDERS

PROVIDER GROUP MODULES

THIS MODULE INCLUDES:

MILITARY-RELATED STRESS AND INJURIES

BATTLEMIND

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WHY IS THIS IMPORTANT?

Veterans experience significant, life-changing events that impact them for the rest of their lives. Being aware of prior military service, experiences, and possible trauma will provide insights into diagnosis and treatment plans and allow you to make appropriate referrals to veteran-specific resources.

MILITARY-RELATED STRESS AND INJURIES

Veterans may experience a unique range of military-related illness and injuries and it's important to understand how they can impact the veteran's health, behavior and well-being. It is particularly important to understand how the experiences of both military and trauma differ among specific demographics of veterans and how to ensure that these groups have access to healthcare and supportive services that meet their unique needs.

Physical Health and Injury

- Musculoskeletal, paralysis, amputation, burns, blindness.
- Traumatic brain injury (TBI), which doesn't just occur from combat or explosions, but can occur during military training and everyday work duties as well.
- Chronic pain, which often occurs in concert with post-traumatic stress disorder and traumatic brain injury.

Alcohol and/or Substance Abuse

- Co-occurring conditions of substance misuse and mental illness are significantly higher among the veteran population.
- Tobacco products are the most used substance among veterans, followed by alcohol, benzodiazepines or anti-anxiety medications, and illicit stimulants. High rates of tobacco products and alcohol are attributed to them being widely available and accessible during service, creating a culture of drinking within the military.

- Illicit stimulant use among this population is often attributed to their mimicking the adrenaline rush experienced in combat – an addictive adrenaline high.
- While marijuana is legal in California, VA is unable to prescribe medical use because it is illegal at the federal level.

Mental Health

- It's important to look out for potential signs of emotional suffering↓a change of personality, withdrawal, agitation, lack of personal hygiene, hopelessness↓all very common within the veteran community.
- Within the military community, post-traumatic stress disorder (PTSD) can be subtle to severe; it can also result in a complete disassociation from reality or emerge as a constant "nagging" feeling at the front of their mind. Anxiety, numbing, and avoidance are common signs and reoccurring symptoms among veterans.
- Women veterans, compared to their civilian counterparts and veteran men, experience a significantly higher rate of depression.
- According to VA, 20 veterans die by suicide each day. Veteran men are 1.2 times as likely to complete suicide than non-veteran men. For veteran women, it's almost twice likely to complete suicide than non-veteran women.
- LGBTQ+ populations have disproportionately higher rates of mental health issues compared to other veterans and non-veteran counterparts.
- The rate of PTSD is significantly higher among those who've experienced MST than people who are in sustained combat operations.

IMPORTANT!

There are interaction considerations for PTSD. Always pay attention to ways of establishing trust with a client. Make sure you think about the role that feelings of helplessness, vulnerability, or of being unsafe might be playing. Discuss what you can do to restore their feeling of being in control. It is best to model power-sharing and maintain positive regard in the therapeutic relationship. Always provide predictable, consistent, and respectful relationships with the client. Finally, be explicit about when you will be talking about trauma, and when you will not.

Military Sexual Trauma (MST)

- Military sexual trauma (MST) refers to sexual harassment and sexual assault that occurs in military settings.
- Reports are on the rise, but a majority of assaults go unreported due to stigma and fear of the potential loss of military career or retaliation.
- Sexual assault has a larger impact on PTSD symptomatology than any other trauma, including combat exposure.
- Assaults are often unreported due to stigma and fear of the potential loss of the servicemembers military career. It is also notable that sexual assault has a greater impact on PTSD symptomatology than other trauma, this includes combat exposure.

Here are some considerations when addressing the needs of veterans who have experienced MST.

- MST is NOT a diagnosis but a type of trauma.
- Take care with your questions.
- Acknowledge potential concerns the client may have upfront.
- Distinguish the veteran from the trauma they have experienced.
- Model power-sharing and positive regard in your relationship.
- Make sure you think about the role that feelings of helplessness, vulnerability, or of being unsafe might be playing. Discuss what you can do to restore their feeling of being in control.

IMPORTANT!

MST has often been labeled as primarily a concern among women veterans. To be clear, MST is not a women's issue, it occurs among veteran men, as well. Also, it's important not to label a veteran as someone who "has" MST. Military sexual trauma is not a diagnosis but an experience; the type of trauma which may lead to symptomology and diagnosis of post-traumatic stress disorder or depression.

There are resources for veterans who have experienced MST. Services are available at local VA Medical Centers and most centers have a Military Sexual Trauma Coordinator who can

help coordinate treatment and referrals. Women can also see a Women Veterans Program Manager. Assessment and referral for sexual trauma counseling are available at all Vet Centers.

FOR MORE INFORMATION:

See the Vet Center's services for [military sexual trauma counseling](#).

Exposure-Related Health Concerns

- Veterans may have been exposed to many unsafe levels of chemicals, toxins, parasites and chemical warfare agents during military service, with known and emerging associations to adverse outcomes for the veteran and future generations.
- Agent Orange↓Chemical Warfare Agents:
 - A powerful herbicide used by the U.S. military during the Vietnam War.
 - May result in non-Hodgkin lymphoma, prostate cancer, multiple myeloma, Parkinson's disease, and heart disease.
- Radiation causing birth defects caused by exposure to radiation and other chemicals or toxins.
- Parasites causing lesions and sores.
- Gulf War Syndrome:
 - Attributed to a combination of vaccinations, chemicals and pesticides used during the 1991 Gulf War.
 - Associated with fatigue, chronic headaches, skin and respiratory disorders.
- Burn pit exposure:
 - An area in military sites devoted to open-air combustion of trash.
 - Toxins in burn pit smoke may affect the skin, eyes, respiratory and cardiovascular systems, gastrointestinal tract and internal organs.

- Veterans who were closer to burn pit smoke or exposed for longer periods may be at greater risk. Health effects depend on a number of other factors, such as the kind of waste being burned and wind direction.
- The high level of fine dust and pollution common in Iraq and Afghanistan may pose a danger for respiratory illnesses, according to a [2011 Institute of Medicine Report](#).

Homelessness

- The homeless veteran population has **declined by almost half** since 2010, and there are currently almost 40,000 homeless veterans in the U.S.
- California has the highest share, with almost 30 percent of all veterans.
- Veterans are overrepresented in the homeless population: while 7 percent of the U.S. are veterans, veterans account for 15 percent of all homeless adults. One in five homeless men is a veteran.
- Minorities are overrepresented among homeless veterans; almost half are black or Latin.

BATTLEMIND

BATTLEMIND is a program developed by the U.S. Army. The post-deployment briefing includes how to communicate, survival techniques, acceptable behavior, driving, feeling secure and, vigilance—being constantly on alert for danger. While it includes all these topics, it develops strategies to reinforce protective factors and maintains positive behaviors by focusing on the following:

Buddies (Cohesion) versus Withdrawal

- Combat: No one understands their experience except their buddies who were there. They develop stronger, more personal relationships with fellow servicemen and women than they have with their spouse, parents or other loved ones. There are things that they know about the people they served with that are far beyond things they know about your significant other—someone they may have been with for years.

- Home: Re-establishing bonds with family and friends that have changed takes time. Once home, how do they relate with their partner after they've had these traumatic experiences? How are they supposed to relay those stories? How are they supposed to process that with someone who has no idea about this experience? It may create stress in the relationship.

Accountability versus Control

- Combat: Maintaining control of weapon and gear is necessary for survival. Their gear was their life↓it's what saved their lives.
- Home: May become angry when someone moves or messes with their stuff, returning to "situational or tactical awareness" mode and possession of their "gear."

Targeted versus Inappropriate Aggression

- Combat: Servicemembers make split second decisions that are lethal in a highly ambiguous environment.
- Home: Overreaction to minor insults, inappropriate aggressiveness, assault, spousal abuse, snapping at kids, buddies or a supervisor as a result of never processing the trauma experienced during service, or "opening the shoebox."

Tactical Awareness versus Hyper-Vigilance

- Combat: Survival depends on being aware of surroundings at all times. For a veteran this may translate to hypervigilance.
- Home: May feel anxious in large groups or situations where they feel confined.

Mission/Operational Security versus Secretiveness

- Combat: Talking about the mission only with those who need to know↓as a means of security, to avoid having the information used against them.
- Home: Avoids sharing their deployment experiences with significant other.

Emotional Control versus Anger/Detachment

- Combat: Controlling emotions is critical for mission success. They don't have time and space during deployments to process feelings or emotions↓especially during time sensitive, life or death situations.

- Home: Flat affect↓no emotions, may seem cold, uncaring and detached as a result of never processing the trauma or experiences during services.

Mission Accomplishment versus Failure

- Combat: Taught never to give up and win at all costs. "I will win, or I will die trying." This is the only available option during military.
- Home: Difficult to accept situations that are out of one's control and/or defeat.

Individual Responsibility versus Guilt

- Combat: Responsibility is to survive and do their best to keep buddies alive. Their decisions↓right or wrong↓impact whether their fellow servicemen survive. When they make the wrong call, and friends die, it's hard to cope with that mistake for the rest of their life.
- Home: May feel they have failed buddies if they were killed or seriously injured.

Non-Defensive versus Defensive Driving

- Combat: All about domination and being in charge – a result of their conditioning during service. Unpredictable, fast, rapid lane changes, straddling the middle line, keeping other vehicles at a distance.
- Home: Aggressive driving leads to speeding tickets, accidents and fatalities.

VA BENEFITS AND HEALTHCARE

The Veterans Health Administration (VHA) provides veteran healthcare and social services, while the Veterans Benefits Administration (VBA) establishes eligibility for care, services, and disability and pension benefits.

Veterans may enroll for healthcare directly with the VHA; however, if there are questions regarding eligibility, those should be determined not by VHA but the VBA. Eligibility is dependent on a complicated set of facts and veterans are highly encouraged to seek free assistance from their local Veteran Service Officer (VSO) to pursue service-connected eligibility. Service-connection can also establish eligibility for state and federal resources for veterans and their dependents.

IMPORTANT!

Not all veterans are eligible for VA care, and a majority of veterans receive care outside of VA. Many are also co-enrolled in non-VA care. Half of all veterans are covered through Medicare. Employer-sponsored plans are the leading source of coverage for working age veterans.

VA PRIMARY CARE

Because VA is an integrated care model, receiving primary care at VA creates a gateway to other specialty services and mental healthcare. The Primary Care Program is the first point of contact for veterans enrolled in VHA care and they are the coordinator of other needed services. Primary Care also oversees implementation of VHA's patient-centered medical home model, the Patient Aligned Care Team (PACT).

Other national programs and services provided under Primary Care include:

- [Primary Care-Mental Health Integration \(PCMHI\)](#) promotes full incorporation of mental health staff into the PACT allowing provision of depression, anxiety, PTSD, and substance abuse services without the need of a separate mental health consult to a new health provider located outside of the PACT clinic area.
- [Post-Deployment Integrated Care](#) (PDIC) features the development of specialized PACTs with expertise and training in syndromes common to returning combat veterans, such as depression, substance abuse, PTSD, chronic pain, sleep disorders, and anxiety. These teams are typically well-staffed with social workers, and mental health and behavioral specialists allowing comprehensive care within the PACT itself.

VA SPECIALTY CARE

- Anesthesiology
- Bariatric surgery (weight loss surgery)
- Cardiology – Vascular (heart and blood circulation)
- Chaplain (spiritual support)
- Critical Care Specialty

- Dermatology
- Diabetes and Endocrinology
- Geriatric Care
- Gynecology Care
- Infectious Disease
- Nephrology (kidney)
- Neurology (nerves)
- Mental Health
- Oncology (cancer)
- Optometry and Ophthalmology (eye care)
- Orthopedic Surgery
- Orthotic and Prosthetic (amputee care and custom orthotics)
- Pacemaker (heart)
- Pain Management
- Podiatry (feet)
- Pulmonary (lungs)
- Robotic-Assisted Surgery
- Spinal Cord Injury
- Transplant Surgery (heart, lung, liver, etc.)
- Urology
- Vascular Surgery
- Women's Care

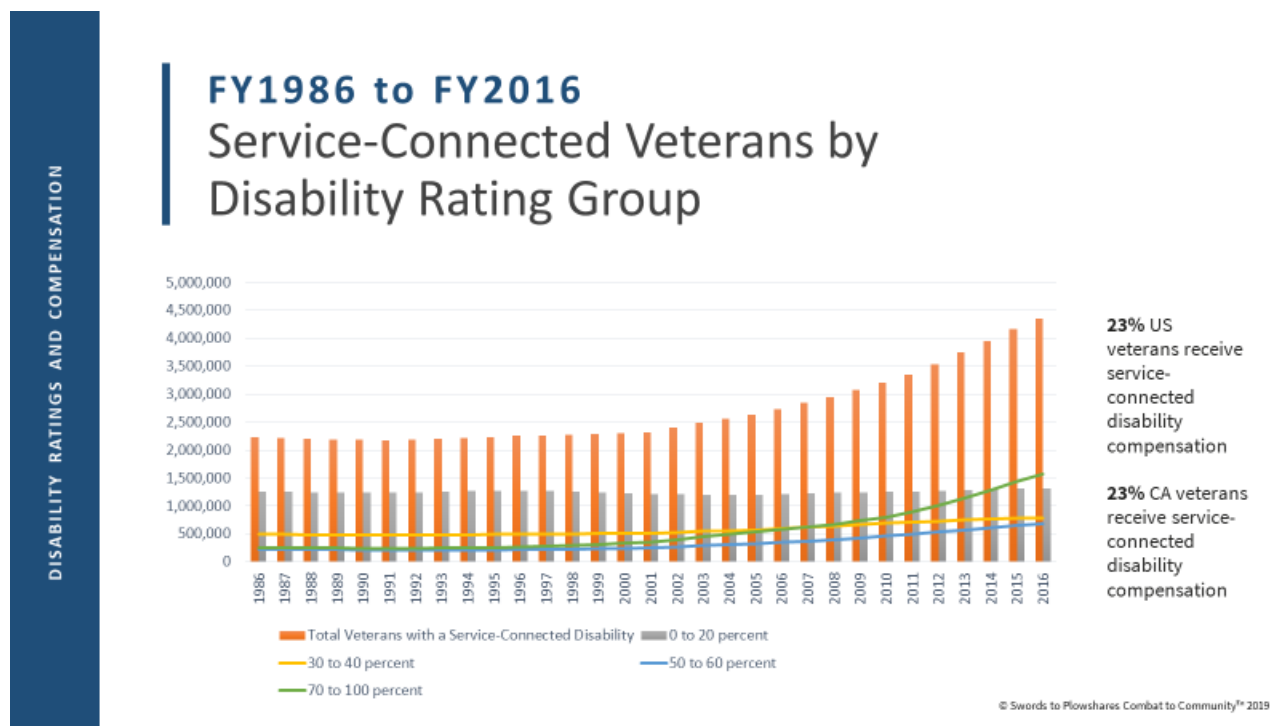
MENTAL HEALTHCARE

- Inpatient and outpatient care at VA medical centers.
- Community-based outpatient treatment services.

- Vet Center support, including individual and whole-family services, for post-traumatic stress disorder, military sexual trauma, depression, readjustment, and substance use disorders.

WHAT ARE SERVICE-CONNECTED DISABILITIES?

Service-connected disabilities may be any illnesses or injuries which occurred or were aggravated during active duty service. The conditions do not have to be related to military duties or the conditions of service or during 'work' time. Some conditions are caused during the course of military duties such as penetrating wounds and musculoskeletal injuries. However, any and all conditions, including or example, onset of cancer, bipolar disorder, or other illness or injury incurred during active service time-period may be service-connected. Service-connection can also establish eligibility for state and federal resources for veterans and their dependents.



DISABILITY RATINGS AND COMPENSATION

The Veterans Benefit Administration determines service-connection. Service-connection is not automatic: Veterans must file a claim with the VBA to establish service-connection. If service-connection is granted, the VBA assigns a rating to each health issue which determines the level of

care and benefits the veteran will receive. Secondary conditions which develop after service can also be service-connected. For example, heart disease related to PTSD which manifests decades after the initial trauma may be service-connected and may raise the overall rating level of benefits and access to care, services, medical equipment and other benefits.

VETERAN PENSION BENEFITS

Veterans whose health conditions are not connected to time in service but who served during enumerated periods of war and cannot work due to disability may be eligible for VA pension benefits. This financial assistance can be more generous than SSI and establishes eligibility for other health-related assistance.

HOW DO I REFER VETERANS TO THE VA?

IF THE VETERAN IS ENROLLED AT VA...

1. Call the VA health facility where you want to receive care. This is usually the quickest way to make all your VA appointments. [Find your VA health facility's phone number.](#)
2. [MY HEALTHEVET](#): Veterans can schedule appointments online, refill prescriptions, view their health records, and send Secure Messages to their team.
3. VETERANS CRISIS LINE: 1-800-273-8255, then press 1.

IF THE VETERAN IS NOT ENROLLED AT VA...

1. First help them [find out if they're eligible for VA healthcare benefits.](#)
2. If they're eligible, they need to apply using a specific form (Application for Health Benefits: [VA Form 10-10EZ](#)) at the Veterans Health Administration. They can apply [online](#), in person, or by phone at 1-877-222-8387.

VA EVIDENCE-BASED TREATMENT MODALITIES

VA utilizes different modalities to address different disorders, diagnoses, and issues that affect each veteran. Below is a list of VA evidence-based treatment modalities:

- Cognitive Behavioral Therapy

- Cognitive Process Therapy
- Acceptance and Commitment Therapy
- Interpersonal Therapy
- Prolonged Exposure Therapy
- Social Skills Training
- Behavioral Family Therapy
- Multi-Family Group Treatment
- Dialectical Behavioral Therapy

Remember this is a relationship that the provider will develop over time with the veteran. This is required in order to help the veteran through their time of solution-seeking.

AIDING IN THE VA CLAIMS PROCESS

Veterans pursuing claims with the VA for service-connected disability compensation will need information from their mental health provider to support their claim. You are legally permitted to make necessary disclosures of information consistent with applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA), and the Substance Abuse Act.

Without your records, the evidence may not be enough—the decision may be made based on the results of a one-time consultative examination by a medical professional unfamiliar with your patient or made based on evidence already of record. Psychotherapy notes, as defined by HIPAA, are protected and don't need to be submitted. VA will not re-disclose medical records it receives to other entities or individuals without prior written consent, except in the very limited manner permitted or required by federal law and regulations. (45 CFR § 164.501. Privacy Act of 1974, Freedom of Information Act, and federal regulations per 20 CFR 401.)

IMPORTANT!

When evaluating mental disorders, information from treating sources is essential to accurately assess the onset and severity of claimants' impairments and their effect on

functional capacity. This applies to new claims, determinations of continuing eligibility for current beneficiaries, and appeals.

FOR MORE INFORMATION:

[VA Form 21-4142, Authorization to Disclose Information to the Department of Veterans Affairs \(VA\)](#), to be completed by the veteran, legally authorizes you and other professionals to release medical records. You are complying with all relevant federal and state laws and regulations when you release your patient's medical records.

CULTURAL SENSITIVITY IN CASE MANAGEMENT AND CONFERENCING

Cultural sensitivity improves client interactions and reduces disparities in treatment by considering a number of elements, including the veteran's background, personal identification, customs, values, beliefs, as well as racial, ethnic, gender, religious and other aspects of the individual. It does not mean that the provider need be a peer, or that they understand every aspect of the client's identity or experience, but they are to respect the existence of cultural characteristics. Specifically, for veterans, it includes their culture and history of military service. While there are common characteristics and themes of military service, cultural history and identity is of course not the same for all veterans and varies widely by individual experience.

Cultural sensitivity serves to assist treatment models by creating an inclusive case conferencing process to support case coordination and problem solving. Having a place for trauma stories, being mindful of questions that imply judgments, helping veterans become self-advocates, and understanding the level of conditioning they go through are crucial elements of veteran cultural understanding and sensitivity.

STARTING THE CONVERSATION

Providers may need to explore difficult facts and lingering symptoms related to the veteran's experience during military service. In order to do that, pay attention to ways of establishing trust

with the client. Remember that the veteran may have trouble initially trusting the provider and with being open about themselves. Trauma-informed interviewing increases power, predictability, and control for the client. These three acts are the antitheses of the powerlessness and unpredictability of trauma. Below are points that can help to establish an initial baseline of trust and openness.

- Make sure a clear and explicit agenda is communicated before and during meetings.
- Speak informally.
- Offer some personal details about yourself.
- Be open, honest, and concrete.
- Acknowledge the possibility of misunderstandings and your willingness to address them, especially when it comes to specifics of military events, memories, as well as acronyms, lingo, etc.
- Always acknowledge potential concerns of the veteran upfront.

Make sure you describe what kind of information you need and why you need it. Explain what will happen with the information you receive. It's best that you discuss any worries the client has about talking to you. Always be explicit about when you will be discussing trauma and when you will not. This is a power sharing experience, so be sure to give multiple opportunities for the veteran to make, or contribute to, decisions. Always emphasize choice during your session.

SCREENING FOR VETERAN STATUS

It's important to recognize that there is no conventional image of a veteran, though we may have our own cliched ideas based on myths and assumptions surrounding the population. Our assumptions not only affect how we treat veterans, but how veterans perceive themselves in relation to the civilian population, as well. We may assume a veteran is older, only served in wartime, has a disability, and is a man. Veterans may also assume this and therefore be less inclined to self-identify as a veteran. Veterans cross all demographic lines and are growing in diversity. It's important to make this distinction so you can better identify veterans in your workplace and know how to interact with them. Always determine veteran status even if you aren't

a veteran-specific organization as this creates a pathway to benefits and resources, as well as may augment your treatment plan.

Not everyone who was in the military self-identifies as a veteran. Veterans themselves may think that one has to have served in combat or been wounded to be a 'veteran'. They may simply associate the term veteran with a much older person than themselves. They may not consider it part of their primary identity. They may not want to reveal their veteran status because of stereotypes. Encourage self-identification without fear. Let the veteran know why you are asking, and how it will inform your interactions and treatment.

Here are some preliminary/basic intake questions to ask the veteran.

1. Have you ever been in the U.S. Armed Forces?
2. What branch(es)?
3. Were you in the National Guard or Reserves?
4. Were you deployed to a combat zone?
5. Date you were last discharged?

There are further screening questions to ask to determine VA healthcare access and eligibility.

1. What type of discharge did you receive?
2. Do you have a copy of your DD-214?
3. Are you currently enrolled in VA healthcare?
 - If the client answers yes, determine who their care team is and if services could be better coordinated between you and their VA Providers.
 - If the client answers no, determine if the client needs assistance enrolling into VA services, and if there are needs that are not met by their current level of care.
4. Finally, it is good to screen for VA benefits eligibility. The only question to ask is: "Are you receiving benefits from the VA?"
 - If the client answers yes, determine if they are receiving disability compensation, their rating, and what the rating is for.

- If the client answers no, determine if the client needs legal assistance to apply for benefits, and what potential disabilities may be connected to their military service.

SCREENING FOR VA HEALTHCARE ACCESS AND ELIGIBILITY

Are you enrolled in VA healthcare?

- If yes:
 - Who is your care team?
 - Are there services that can be better coordinated between me and your VA provider?
- If no:
 - Do you need assistance enrolling in VA healthcare?
 - Are there needs that are not met by your current level of care?

SCREENING FOR VA BENEFITS ELIGIBILITY

Are you receiving benefits from the VA?

- If yes:
 - If you are receiving disability compensation, what is your rating?
 - What are you rated for?
- If no:
 - *(Inquire about potential disabilities that may be connected to service).*
 - *Do you need legal assistance to apply for benefits?*

IDENTIFYING HEALTH RISKS ASSOCIATED WITH SERVICE

After asking whether your patient or a family member has ever been in the military, ask the individual if it would be okay to talk about more about that history. Start with questions regarding time of service, branch of service, and if they experienced any injury or illness during service.

You can then ask the veteran if it is okay to delve deeper into circumstances which will pinpoint possible risks or exposures relevant to their service. These issue areas include exposure to sexual,

combat or other trauma and resultant depression, post-traumatic stress disorder (PTSD), or sleep issues.

FOR MORE INFORMATION:

VA has published a [Military Health History Pocket Card](#) which outlines issues to consider, including how to determine veteran status and pose questions regarding health.

HELPING VETERANS THROUGH ACTIVE LISTENING, TRAUMA-INFORMED CARE, AND DE-ESCALATION TECHNIQUES/SKILLS

Often in times of crisis we do not have the time to utilize an evidence-based treatment modality. Sometimes the veteran is perseverating, and their behavior is escalating. In these cases, the provider can utilize tried and true methods to reduce the intensity of emotions that occur with conflict. Different skill sets work for different veterans. Regardless, all the following techniques can be implemented.

ACTIVE LISTENING

The act of mindfully hearing and attempting to comprehend the meaning of words spoken by another in a conversation. This is done by the following techniques. Remember SAFTEY FIRST.

- **Mirroring:** Repeating the last few words of a sentence to encourage the veteran to talk and give more information for a counselor to work with.
- **Paraphrasing:** Restating the content of what the individual said in order to ensure that the counselor actually understands the individual's perspective. This also shows the veteran that the counselor cares and is listening.
- **Emotional Labeling:** Label the emotions of the individual to help bring them from an emotional state to a rational state.
- **Summarizing:** Summary combines the facts obtained during the **Paraphrasing** stage and the stated emotions discerned during the **Emotional Labeling** stage and places them in a single statement that the counselor relays back to the subject to demonstrate an understanding of the situation from the provider's perspective.

GROUNDING TECHNIQUE

This technique may help if the veteran is experiencing anxiety or disassociating. The technique helps reorient a person to their physical environment and space. Grounding skills can be helpful in managing overwhelming feelings or intense anxiety. They help someone to regain their mental focus from an often intensely emotional state.

Sight

- Encourage them to take a look around them and comment on what they see. Saying this out loud can reorient them to the physical space.

Sound

- What are some calming sounds in the environment that the veteran may hear?
- Encourage the veteran to speak about what they hear around them.

Touch

- What can they touch? Is there a chair or a wall close by?

Getting back into their physical environment

- Tell them to take ten slow, deep breaths and breathe with them.
- Take a stretch together.
- Encourage the veteran to make eye contact with you.
- Go to another room or area.

Avoid “judging” statements

We suggest you avoid “judging” statements and questions. Some examples include:

- “How many people did you kill?” or “Did you kill anyone?” Though this may need to be discussed, it is not the responsibility of the provider to initiate. The veteran should bring this up on their own.
- “What do you think of the war?” This is a politically charged question and has no bearing in therapy. It potentially can push the veteran away from therapy/counseling.

- “Thank you for your service.” It is recommended to save this statement for the end of the session. If you do not know the veteran or how the veteran perceives their military experience in the greater context of their own worldview, you run the risk of potentially making the veteran feel awkward or upset. This can affect whether and how the therapeutic relationship will develop.

Other skills to utilize

- **Empathy:** This is the natural by-product of effective active listening. It implies identifying and understanding the veteran’s situation, feelings, and motives. Doing so indicates attitude and genuineness through tone, volume, and cadence. The provider does not need to have gone through the same experience, but they do need to create a place for the individual to feel safe to discuss difficult trauma-related incidents.
- **Rapport:** This creates trust and mutual like-mindedness. Once empathy is established, rapport develops with the client. Themes are created, defensive mechanisms are explored. When helping veterans explore traumatic experiences, the provider needs to build a relationship by asking factual logical questions and connecting the individual to resources when appropriate. As stated before, having empathy for the veteran builds rapport.

TRAUMA-INFORMED CARE

Trauma-informed care is a strengths-based framework that is grounded in the understanding of and responsiveness to the impact of trauma. This framework puts emphasis on the physical, psychological, and emotional safety of, both, the provider and veteran. It creates opportunities for survivors to regain and rebuild that sense of control that was lost due to the traumatic event. It also empowers the veteran to assist in their own recovery.

Due to these significant and sometimes traumatic experiences veterans may relate to the world in a very different way compared to others. This requires a different set of skills that advocates will need to utilize and tailor those services to the veteran’s needs.

IMPORTANT!

Increased power, predictability and control for the client are the antitheses of the powerlessness and unpredictability of trauma.

HOW CAN ADVOCATES SEPARATE THE TRAUMA FROM THE VETERAN?

The first step is to distinguish the veteran from the trauma they have experienced. The two are mutually exclusive. Using the term “victim” is counter to what is a “warrior.” Use person-centric terms, say “veteran who has experienced a trauma,” not a “traumatized veteran.”

SELF-CARE

Supporting housed veterans can be difficult and potentially demanding. Staff must be supported in order to succeed. There are things that must be recognized so the staff can flourish at their positions. These include possible staff exposure to trauma as well as secondary traumatization. Burnout prevention is a major issue within the behavioral health community. Staff must have access to employee wellness resources, HR sensitivity, and leadership-led initiatives in respect and inclusion. Another successful resource that many organizations utilize to prevent staff burnout is Employment Assistance Program insurance (EAP). This insurance can help mitigate the costs for outside agency staff support programs.

TRAUMA-INFORMED INTERVIEWING WORKSHEET*

Acknowledge potential concerns upfront.

- 1) Describe what kind of information you need and why you need it.
- 2) Explain what will happen with the information.
- 3) Explain the timeline, process and potential outcomes of the legal process.
- 4) Discuss what worries the client has about talking to you about these topics.

Consider the impact that veteran's trauma history might be having on their behavior.

- 1) Think about the role that feelings of helplessness, vulnerability, or betrayal might be playing in the veteran's mind as they sit with you.
- 2) Discuss what you can do to restore feelings of power and control back to the veteran.
- 3) Model power sharing and unconditional positive regard in relationships.
- 4) Always provide predictable, consistent, and respectful interactions with the veteran throughout the session.

When examining the client's memory and consistency:

- 1) Memory can change over time and sometimes people remember different details at different times, especially when discussing traumatic events.
- 2) People sometimes feel pressure to tell their story in a certain way.
- 3) Sometimes people don't remember certain things about what happened.

**Information for this worksheet accessed from: Joseph, David. "A Guide to Post-Traumatic Stress Disorder (PTSD) for Advocates: How to Effectively Address PTSD in Matters Involving Veterans and Others Affected by Trauma." Practicing Law Institute. 2017.*

RESOURCES

FIND A VA FACILITY

Use the [facility locator](#) or call 1-877-222-VETS (8387).

CONTACT YOUR COUNTY VETERANS SERVICE OFFICE

CalVet strongly recommends you work with the CVSO nearest you. Your CVSO can guide you through the benefits and services available as well as help connect you with other local resources.

The County Veterans Service Offices (CVSO) are locally funded agencies established to assist veterans and their families in obtaining benefits and services accrued through military service.

These County Veteran Service Offices promote the interest and welfare of veterans, their dependents, and their survivors by enhancing their quality of life through counseling, education, benefits assistance, and advocacy. They connect veterans to their benefits by assisting in their interactions with the VA.

FOR MORE INFORMATION:

Visit the [CalVet](#) website for more information, OR

Find the [CVSO](#) closest to you.

VA HOTLINES

[Veterans Crisis Line](#)

- 800-273-TALK (8255), or
- Text: 838255

[Combat Call Center](#)

- 877-WAR-VETS (927-8387)

[Women Veterans Call Center](#)

- 855-VA-WOMEN (829-6636)

VA RESOURCES

Department of Veterans Affairs Medical Centers (VAMCs): These are commonly called VA Hospitals. VAMCs are where the most comprehensive care for veterans are located.

Vet Centers: Vet Centers across the country provide a broad range of counseling, outreach and referral services to combat veterans and their families. Services for a veteran may include individual and group counseling in areas such as post-traumatic stress disorder (PTSD), alcohol and drug assessment and suicide prevention referrals. All services are free of cost and are strictly confidential.

County VSOs: VSOs are accredited and certified professionals who are experts in veteran law. Each county in CA has at least one county VSO in addition to the independent veteran service organizations.

OPCs: Out Patient Clinics offer primary care, laboratory, physical rehabilitation, nutrition and food service and radiology services to the veterans it serves. Specialty clinics include dental, ENT, gastroenterology, optometry, prosthetics, pulmonary rheumatology and spinal cord.

CBOCs: The VA currently has over 800 Community-Based Outpatient Clinics (CBOC). VHA implemented these clinics to make access to healthcare easier. These clinics provide the most common outpatient services, including health and wellness visits, without the hassle of visiting a larger medical center.

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